

Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 07/01/2020
through 09/19/2020

Date of election if applicable:
(Month, Day, Year)
11/03/2020

Date Stamp

CALIFORNIA
FORM

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For Official Use Only

OCT 2020 AM 10:20
CITY CLERK'S OFFICE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☐ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☒ Amendment (Explain below)

Correction of date for period statement covered

- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER
1424210

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Carlos Escobedo for Santa Maria City Council District 1 2020

Treasurer(s)

NAME OF TREASURER

Oscar Alejandro Escobedo

MAILING ADDRESS

124 W. Main Street, Suite D

CITY

STATE

CA

ZIP CODE

93458

AREA CODE/PHONE

805-619-0566

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

124 W. Main Street, Suite D

CITY

STATE

CA

ZIP CODE

93458

AREA CODE/PHONE

805-619-0566

CITY

STATE

CA

ZIP CODE

93458

AREA CODE/PHONE

805-619-0566

OPTIONAL: FAX / E-MAIL ADDRESS

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4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

Executed on _____ Date

By



Signature of Treasurer or Assistant Treasurer

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

By

Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov